



City of Gallatin Sign Permit Application

See Checklist on reverse side for
required items upon submittal.

- * **Signs or Awnings over or across streets or
public ways need City Council approval.
See Gallatin Municipal Code Chapter 15-6.**

For Office Use Only:	PC File#: _____
Permit No. _____	Fee: \$ _____
Zoning District: _____	Tax Map # ____ / ____ / ____
Cash/ Check # _____	Receipt #: _____
Temp. Sign Start Date: _____	Stop Date: _____
Approved By: _____	Date: _____

Sign Location Address: _____ Business Name on Sign: _____

Phone Number of Business: _____

Property Owner: _____ Property Owner Address: _____

Property Owner Phone No.: _____

Sign Contractor: _____ Sign Contractor Address: _____

Sign Contractor Phone No.: _____ Contact Person: _____

Sign Type and Quantity:	Sign Size:	Required Other Measurements:
<input type="checkbox"/> * Temporary Banner <input type="checkbox"/> Suspended	<input type="checkbox"/> Length Feet	<input type="checkbox"/> Height from bottom of sign to ground (Freestanding)
<input type="checkbox"/> Marquee <input type="checkbox"/> Projecting	<input type="checkbox"/> Height Feet	<input type="checkbox"/> Height from top of sign to ground (Freestanding)
<input type="checkbox"/> Roof <input type="checkbox"/> Window/Door	<input type="checkbox"/> Total Sq. Feet	<input type="checkbox"/> Width of Road Frontage (Freestanding)
<input type="checkbox"/> Billboard <input type="checkbox"/> * Awning		<input type="checkbox"/> Width of Building Façade (Wall)
<input type="checkbox"/> Wall <input type="checkbox"/> Freestanding		<input type="checkbox"/> Feet of Leading Edge of Sign from Front Property Line (Freestanding)
<input type="checkbox"/> Channel <input type="checkbox"/> Monument		
<input type="checkbox"/> Cabinet <input type="checkbox"/> Pole		

Sign Characteristics and Quantity:	Existing Signs (Square Feet / Sign Type)
<input type="checkbox"/> Single Faced <input type="checkbox"/> Illuminated	Total No. of Signs ____ / ____
<input type="checkbox"/> Double Faced	Sign No. 1 ____ / ____ Sign No. 4 ____ / ____
<input type="checkbox"/> Other: _____	Sign No. 2 ____ / ____ Sign No. 5 ____ / ____
_____	Sign No. 3 ____ / ____ Sign No. 6 ____ / ____

**** A setback inspection is required for all freestanding signs prior to installation. Contact the Planning Division at 451-5796 to schedule your inspection. A 24 hour notice is required. ****

Office Use Only

Required Setback of Freestanding Sign: _____ Actual Setback of Freestanding Sign: _____

Comments: _____

I hereby acknowledge that the information given herein is correct and true and I agree to comply with all laws and regulations governing signs in the Gallatin Planning Region.

Applicant's Signature Date \$ _____ Sign Cost

Sign Checklist

Fill out all that apply

Wall Sign

- ☐ Illustration of front façade showing:
 - sign location
 - width of front façade of business unit
 - ☐ Illustration of sign showing:
 - Cabinet Sign:**
 - height and width of sign
 - Channel Letter Sign:**
 - dimensions of each individual letter
 - ☐ Distance above parapet if applicable
 - ☐ All applicable areas filled out on application
-

Freestanding/Monument Sign

- ☐ Site Plan of property showing:
 - sign location
 - width of front property line
 - all ROW locations
 - distance from bottom of pole to property line
 - ☐ Illustration of sign showing:
 - height from ground to bottom of sign
 - height and width of sign
 - ☐ All applicable areas filled out on application
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Awning Sign

- ☐ Illustrations of:
 - front façade showing awning location, dimensions and width of façade.
 - aerial illustration of building showing proposed awning dimensions, and location and dimensions of sidewalk, parking and right-of-way if applicable.
- ☐ Illustration of sign on awning with dimensions
- ☐ All applicable areas filled out on application

- ☐ * **City Council approval and insurance required per Gallatin Municipal Code Chapter 15-6 if public way.**